

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Microscopic Examination of the Discharges from the Bowels in Cholera.

DR. R. S. HOLMES, of St. Louis, writes to us:—

I have examined (microscopically) the discharges from the bowels in six cases of cholera, and have found the cells of cryptogami in a greater or less degree in four of these cases, and *vibriones* very abundantly in one. The theory I think amounts to nothing. I have found in flour *every* one of the forms of cryptogami that I have been able to discover in cholera cells; one has a peculiar shape, which I have not seen described. I have had a bottle of flour and water on my table for some months, and I am confident I could show in the course of a few days every one of the forms of vegetable growth in it that are seen in cholera discharges, by a Ross one-eighth lens: I say in a few days, for these cells vary in the flour, and are sometimes not to be seen; the cell of the mould of flour precisely resembles that of the smallest of the cholera cells, which is not more than the $\frac{1}{12000}$ th of an inch in diameter, although the peculiar *cholera cell*, so called, seems to have been limited by the English investigators to a much larger cell, with buds upon it.

I may mention that I discovered distinct crystals, having the exact forms of those of lithic acid, in one case where there was suppression of urine.

Compound Fracture of the Skull with Laceration of the Meninges of the Brain successfully treated by the application of the trephine eleven days after the injury. By J. M. HURT, M. D., Nottoway City, Va.—On the night of the 5th of July, 1849, William —, æt 24, uncommonly athletic and stout, and a ditcher by occupation, in an altercation with a fellow ditcher was felled to the ground by a blow, with the corner next, the handle of an old half-worn spade, over the superior posterior angle of the left parietal bone near the sagittal suture; the weapon perforated both the integuments and bone to the exact thickness of its blade, and in length varying from three-fourths of an inch to an inch, producing, according to the report of the bystanders, which was quite vague, strongly marked *symptoms* of concussion, attended by slight extravasation. How long he remained insensible, or whether there was a decided interval between the blow and the consequent insensibility, they either failed to observe or remember, thereby leaving me to conjecture the existence of a fact important to be known in making up a correct diagnosis. I saw him about 10 A. M., on the 6th, lying where he had been stricken down the evening before. He was then rational enough to give a particular account of the difficulty, and seemed indignant and belligerent. There was immobility of the right arm, rigidity of the right leg, and amaurosis of the *left* eye. There was no loss at any time of its history of sensation in the affected part.

He was taken to my infirmary and the wound examined minutely, both by the eye and with a probe, which resulted in the discovery of a smooth, clean-

cut wound of the dimensions before mentioned; the hair was matted and full of coagulated blood, as if there had been considerable hemorrhage. With a probe the aperture in the skull could be detected, but no spiculæ or radiating fissure could be discovered, and as the paralytic symptoms were not urgent, it was thought advisable to postpone other manipulation, place him under a strict antiphlogistic treatment consisting of tart. emet., venesection, low diet, with entire quiescence of body and mind, and watch the after developments as affording the best clue to the exact nature of the injury and the most rational practice. Under this treatment he so much improved as to move, by the assistance of a cane, moderately out of doors; slight headache with slight exacerbations of fever being the principal inconvenience. On the 14th a decided change for the worse was observed, so that walking became nearly impracticable; his intellect was however undisturbed up to the night of the 15th, when I found it under great excitement; he would pray and laugh boisterously by turns; the organ of veneration seemed stimulated to a morbid degree of activity, but he gave in a religious experience connectedly and rationally. On the morning of the 16th I was summoned to him in haste by his attendants, who said he seemed dying with a fit; he was said to have been in his right mind up to the moment of the seizure. I found him suffering with a violent epileptic fit, which convulsed the whole right side of the body, and produced such violent spasmodic twitches of the muscles of the face as greatly to distort the features. He remained speechless and insensible during the continuance of the fit, which lasted for one and a half hours. I immediately ripped open the wound, which had partly united, and from which about a teaspoonful of matter escaped.

All other remedies having now failed, I determined to resort to the use of the trephine—as what I think it should ever be regarded—a dernier remedy. On the evening of the 16th, with the kind and valuable assistance of my friends Dr. George Hardy and Sterling Niblett, I commenced the operation, first, by enlarging the longitudinal wound, which had partly united by first intention, and at the top of this made a deep incision at right angles, thereby forming the letter T. Enough of the flaps were then dissected up to admit the crown of the instrument, and the other parts of the operation gone through as is usually directed.

The circle of bone thus removed gave evidence of considerable splintering of the vitreous table, which was without difficulty verified by detecting a number of spiculæ, which had been driven immediately beneath the point of entrance to the spade, and buried, some of them, several lines below the surface of the brain: besides these a quantity of small, dust-like particles of bone were found lying on its surface, looking as if the inner table had been shivered like a piece of badly annealed glass. These being removed, a still larger shelf-like splinter was found buried to the depth of six or eight lines, one end floating loosely and the other firmly attached underneath, in a direction obliquely to the original fissure. The membranes of the brain were considerably lacerated, and shreds of cerebral substance to the amount of a teaspoonful detached and forced up from the lid in which it was reposing. All efforts to elevate this with forceps and elevator, owing to its size and depth, were fruitless, so that the second application of the trepan became indispensable; after which it was, however, removed without further difficulty. The loose particles of brain were removed and the wound closed by drawing the flaps firmly over a thin plate of silver fitted smoothly over the aperture to prevent cerebral hernia, and by binding them strongly together by bands of adhesive plaster.

The case being deemed unsuited to the use of anaesthetics, the operation was performed without them, which the patient stood with heroic fortitude.

Simple water dressing, low diet, entire rest, and antimonials were prescribed as the treatment. Gave a large opiate—after the operation he said he slept well. 17, Mane, pulse 80, and free from pain, arm slightly more movable. Vesp.—slight exacerbation of fever, pulse 90, slight cephalalgia—treatment rigidly antiphlogistic. From this date there seemed a general amelioration of the symptoms, but none were suddenly radically cured as the *direct* and *immediate* effects of the operation. As he advanced to recovery, the leg first *improved*, then the eye, and lastly, the arm—the eye was last, however, to regain its entire function.

His recovery was gradual and progressive, without anything untoward worth noticing, until the 17th of October, when he was dismissed cured.

He is now thought by some to be rather more simple than before the injury—but from his peculiar disposition and known eccentricity, even that with his best acquaintances seems a matter of considerable doubt.

Remarks.—This case seems instructive in several points of view—first, on account of the proof it evinces of the wonderful power of the human system to react under such desperate circumstances. Secondly, as an evidence of the extensive injury that may be sometimes inflicted on the brain and its coverings without the much-dreaded consequence of inflammation and of softening. Thirdly, as showing the great difficulty, if not the impossibility, of correctly diagnosing injuries of the head according to the arbitrary rules of the books. The symptoms in the first stage, with the subsequent improvement, certainly strongly simulated concussion with slight extravasation, both of which were liable to be removed by time and the absorbents. Those of the latter were such as could only arise from permanent mechanical pressure, and alone curable by the trephine. And, fourthly and lastly, as establishing to my mind as firmly and as conclusively as one strong case can establish the pathological fact, that whilst a judicious postponement under doubtful circumstances, attended by proper treatment, does not naturally lessen the chances of success to an ultimate operation, it does greatly add to those of a correct diagnosis, and at the same time administers (what is just now needed throughout the whole domain of surgery) a wholesome admonition and salutary check to rash and meddlesome interference.

As showing the great uncertainty of prognosis in injuries of the head, I here append another case that occurred to me several years ago, exactly antipodal in all respects to the one presented. An infant about five years old, in a childish romp, fell from the shoulders of one of its playmates and struck with a very slight blow the left parietal bone near the sagittal suture against the edge of a square table-leg, with scarcely effect enough to produce a whimper or interrupt for a moment its innocent but roistering sports. The second day following the accident, her gait was observed to be awkward and clumsy; loss of appetite, and a little feverish. These unfavourable symptoms increased until they settled into entire hemiplegia of the right side. No apparent injury was discovered about the head. A blister to the parietal bones; purgatives; stimulating function; and general antiphlogistic measures gradually—but very gradually, as, I think, it was nearly twelve months before she was restored entirely to her usual activity and strength. She remained apparently well about a year, grew rapidly, kept uncomfortably fat, and seemed to be in the full possession of a vigorous and vivacious intellect. She was playing one morning, about two years after the injury, with her toys, in a word, unusually spirited, when she was suddenly seized with a violent pain in the head, went into a

furious delirium, and died in less than ten hours. The side of the head originally injured appeared greatly enlarged, when contrasted with the other. No autopsy was allowed.

Cases of Intestinal Disease. By WILLIAM GRIES, M.D., of Berks County, Pennsylvania.

The following cases I have no record of, but by their extraordinary character, they made such a strong impression on my mind, that I think I can recollect all the features of them that are of any interest to the profession.

Case of Retention of Fæces in the Colon resembling in their external appearance, exactly, an enlargement of the liver and spleen.—In March, 1826, I was called about three miles from my residence, to H. B., a very large, athletic man, aged about 28 years. He was taken the day before with pleuro-pneumonia. His skin and eyes had a muddy or dirty appearance, and he was much emaciated. He had been a sufferer, during two preceding years, from frequent attacks of intermittent fever, in which time he was attended by another physician. An enlargement had existed a long time in both hypochondria and epigastrium, which his physician, as he informed me, considered an enlargement of liver and spleen, in which opinion I accorded after a close examination. I had but little experience at that time, but I was confirmed in the opinion by the effect produced by two small cathartic pills, containing a little calomel and comp. ext. colocynth, which I gave him, after free depletion, and which brought on severe purging, and prostration, so that I was constrained to give something to restrain the action. There was no diminution of the hypochondriac enlargement. I treated him according to the views of that time. On the third day, I allowed him to take cherry water for his drink, and this brought on excessive purging, so that I had to stop it, on account of the prostration produced. He became furiously delirious, and my treatment seemed to do him no good. I should then have given him mercurials, but on my first visit he told me, "Do anything with me, only don't salivate me." I had no idea that I should do it, and, therefore, promised that I would not. This fear of his arose from the prejudice that several of the physicians in the neighbourhood had raised against me. I salivated but very seldom. However, I made up my mind that it should be done, and I sent for another physician from a distance, and he accorded with me, after a thorough examination of the case. He also considered the enlargement in the hypochondria to be of the liver and spleen. I gave him two grains of calomel three times a-day, combined with a little opium, to prevent purging. On the fourth day, in the morning, I observed, by his breath, that the specific effect of mercury was produced, and stopped giving it; at noon, I received a message that he was purging profusely, and fearing the effect, from former prostration, I hastened off to see him, but to my astonishment and pleasure I found him sitting on the edge of the bed, without support, eating a bowl of panada. His delirium was, in a great measure, gone. What I mainly wish to say, his enlargement of liver and spleen was gone! Several of the attendants declared that if they had kept all the fæces it would have filled a wooden vessel which was standing there, capable of holding at least three gallons. He recovered rapidly, and has since remained a healthy man. The reader, I trust, will be as able as I am to make useful reflections on this case.

Mechanical Obstruction in the Colon of rather a singular nature.—In July, 1833, I was called, two miles from my home, to see R. L., a little girl about eight years of age. She had been sick several days, and under family treatment. I found her suffering severely from pain in her abdomen, frequent

efforts to vomit, and a good deal of fever. Her bowels had not been moved for several days. I administered an enema, used means to appease her stomach and to subdue pain and fever. Afterwards I gave her several doses of calomel, but when I followed it up with other purgatives, the vomiting and pain returned. I used frequent mild enemata. At first some little faeces came, but soon nothing but the injection. Upon close examination of the abdomen, and from other attending signs, I felt convinced that there was mechanical obstruction, which the peristaltic action of the bowels could not overcome. I accordingly threw into her bowels, at last, three quarts of warm water, with a little soap, in a continued but gentle stream, by means of Maw's stomach-pump; she screamed out that we were "bursting her." Immediately on evacuating her bowels she passed large masses of dry or hard faeces, in which were entangled nine large worms. I then hoped that the obstruction was overcome, and gave a few small doses of cathartic medicine to be taken till next day; but, on my visit, finding the medicine had no effect, I repeated the enema, in the same quantity, which brought away again a mass of hard faeces and seven large worms. After this I had no difficulty with the case, except that she was slightly paralytic in her left leg. I have not seen her for many years; but have lately heard that she is married, and has several children; also that she has since had disease of the hip-joint, and is quite lame. I think that it is not out of place here to mention a circumstance in another case of obstinate constipation. After being completely foiled in all my efforts, I determined to use tobacco injections, and upon due reflection, I concluded that the smoke might suit best. I accordingly put a lit segar into the lateral tube of Maw's stomach-pump, and found it, thus prepared, the very best apparatus to generate and apply the smoke that could be possibly imagined. It had the desired effect.

Solid Ovarian Tumour, extending from Pubis to right Hypochondrium.—Cured by Incision followed by Suppuration. By DAVID PRINCE, M. D., St. Louis, Missouri.

Mrs. Cooper, aged about twenty-five, complained in the beginning of 1846 of a sudden attack of pain in the abdomen, from which she soon recovered after having been "bled and blistered." These attacks were repeated at irregular intervals, and soon the patient discovered by accident a tumour which she said moved readily from side to side in the intervals of the attacks of pain, but could not be removed during the painful paroxysms. This tumour, though sometimes larger than at others, gradually increased in size and became less movable, until it seemed to occupy a large portion of the abdomen lying upon the right side and projecting below, beyond the median line upon the left side, and extending from behind the pubis to the right hypochondriac region. As the tumour increased in size, the health became more continuously impaired and the painful paroxysms more frequently repeated. The catamenia became irregular but not suppressed. In this latter stage, the tumour could be made to roll slightly, but this was painful. A simulation of fluctuation (from rolling of the tumour) appeared upon palpation from side to side, but none from pressure in the direction of the long axis of the tumour—from pubis to right hypochondrium.

The patient assigned the origin of the tumour to the "meddling" of the midwife in her last confinement, as her discovery of the tumour was some time subsequent to this event. Patient thought that at first the tumour was upon the right side, but could not be certain. Patient has had occasional attacks of vomiting, and at one time imagined she must be pregnant.

December 25, 1847, made an incision three inches in length in the linea alba, midway between the pubis and umbilicus, and found the anterior surface of the tumour adherent to the posterior surface of the anterior wall of the abdomen. A free incision was made in the substance of the tumour itself and a portion of its interior removed. This appeared very much like the substance of the spleen as seen after death, but the small amount of blood lost from this surface indicated very little vascularity. A few minute hydatids were discovered, as the result of a breaking down of the structure of the tumour by means of a probe passed freely in various directions through the tumour.

It was determined to leave the wound open with a tent interposed, hoping for the removal of the tumour by suppuration. The patient, under the influence of the chloroform, expressed much regret upon the return of consciousness that the tumour could not be removed at once. A large amount of pus and for a long time was discharged, prostrating the patient, but generous diet, wine and quinine enabled the system to rally from this state, and to outlast the final removal of the tumour and the cessation of suppuration.

June 16, 1849. The husband of the patient writes, "My wife is now well and hearty, and I have the gratifying news to tell you that we have a fine healthy daughter born upon the tenth of April last."

Removal of three inches of Gum-elastic Catheter with Heurteloup's Instrument. By J. H. DILLSON, Pittsburgh, Pa.—Mr. Richardson, æt. 54, an old soldier, of temperate habits, about middle height, and nervo-bilious temperament, in using a defective gum catheter, for supposed spasmodic stricture, broke the instrument, and the detached fragment lodged in the bladder. About ten days after the accident I was requested to see him, in consultation with my friend Dr. Simpson. He was then unable to take any exercise, either in standing or walking, without suffering much pain and irritability of the bladder. I passed a gum-elastic bougie (the only one at hand), and distinctly felt the foreign body, but was unable to judge in what position it lay. I then suggested the perineal section as the only means of relief. To this he stoutly resisted, stating he feared the result, and that he had a large family dependent upon him. Examination disclosed no stricture of the urethra, but, to me, more evidence of organic disease of the bladder; therefore I determined to resort to some other means for relief before attempting the operation as for stone. May 2d, we again visited our patient, and introduced Heurteloup's instrument for crushing stone. I very soon grasped the fragment of catheter, but was unable to withdraw it. Questioning the patient as to his feelings during traction upon the catheter, I supposed it lay directly across the instrument and at right angles with the course of the urethra. I then loosened my hold, and moved the instrument in a direct line with the supposed position of the catheter, and again manipulating, I caught it a second time, and had the satisfaction to withdraw it with perfect ease. Mr. R. had no further difficulty.

Obituary Notice.—Died, in Keene, N. H., on Sunday, May 26, AMOS TWITCHELL, M. D., aged about 70 years, for more than forty years one of the most eminent physicians and surgeons in New England. A great number of physicians in the United States cherish a remembrance of him as their highly esteemed preceptor and friend. Dr. Twitchell graduated at Dartmouth College, in 1802, studied medicine with the late Dr. Nathan Smith, at that time, and for many subsequent years, a professor in that college, and obtained a

medical degree in 1805. He soon after settled in Keene, where he ever afterwards resided, and in a very short time rose to eminence in his profession. He has received repeated proposals to accept of a professorial chair, which he has always declined. He has often been elected president of the New Hampshire State Medical Society, and was an associate of the Philadelphia College of physicians. He was a prominent member of the National Convention which adopted the constitution of the National Medical Association, took an active part in its first organization, and he evinced a lively interest in its objects and its success.

Although never the occupant of a professorial chair, and having never made a book, he has done much for the usefulness and respectability of his profession. For forty years he has continually had students about him, often amounting to a considerable class; and he has done much, by his precepts and his example, to give them eminence in their profession, and to make them blessings to the communities which have afterwards surrounded them.

Such was the estimation in which he was held by his professional brethren, and by the community, that for a long time he can hardly be said to have had a professional rival in a very wide region about him. This pre-eminence resulted from a just estimate of his character—of those elements which, together, constitute a good and great physician. His characteristics were candour, frankness, sincerity, and beneficence, united with a strong judgment, an unspotted and unsuspected integrity, and sentiments that did not suffer him to stoop to anything mean or sordid. He possessed a clear and vigorous intellect, which he never ceased to cultivate, thus keeping himself well acquainted with all the resources of the healing art, and with the progress of its improvement.

Although he had great experience and eminent success as an operator, which is sometimes the chief, if not the sole, foundation of professional renown, this was far from being the chief claim to his distinction. It was his quick perception—ever awake to a scrutinizing observation—his extraordinary, almost infallible sagacity in deciphering, disentangling and analyzing the symptoms of difficult, obscure, and uncommon cases of disease; his just appreciation of the powers of nature, or of the human constitution, and his thorough knowledge of remedial agents. In these respects he has left no one superior, if he had any equal. *Sint semper tales.* B.

DOMESTIC SUMMARY.

Malignant Tumour of eight or ten years standing, cured after two years by a strict diet of bread and milk.—Dr. H. J. BOWDITCH has communicated to the *Charleston Medical Journal* (Nov., 1849), a case which he considers to be of this description. The subject of it was the late Dr. Twitchell, of New Hampshire, one of the most noted surgeons of New England. The following is the medical history of his life as given by Dr. B.:—

“1st. Carcinoma has appeared in his family. His grandmother died of cancer of the mamma; his sister of a scirrhus pylorus. These are all the data of his hereditary tendencies that bear upon our main topic.

2d. In very early life, Dr. T. was in delicate health. As a youth, he was stronger and was among the foremost in all athletic sports. While at college he became dyspeptic; had icterus, with enlarged liver, &c.; subsequently, he passed gall-stones. Whilst pursuing the studies of his profession he began to suffer from asthma, and for about 20 years was very much subject to violent attacks of it, causing orthopnoea, &c. During all this period, he ate animal food very freely, three times daily, and digested it easily, whereas vegetable food caused dyspeptic difficulties. Being induced, owing to a severe acne of